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Ophthalmic Literature

VOL. VII. JANUARY, 1917. NO. 1.

Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

THE BRITISH JOURNAL OF OPHTHALMOLOGY.

The most interesting piece of literature of ophthalmology that has appeared in the month is the first number of the British Journal of Ophthalmology. Its typography is neat, and it is printed on paper of a quality that is scarcely obtainable in America. The careful arrangement and freedom from proof errors show the experience and devotion of the editor, Sydney Stephenson, and its sub-editor, E. Erskine Henderson. The editorial committee adequately represents the best writers on ophthalmology, not only of the United Kingdom, but of the whole British Empire. It gives an illustration of the truth set forth in the "Foreword" that "The stress of war has compelled all sorts and conditions of men to ask themselves how can they better utilize their resources and increase the efficiency of their work. In countless ways they are finding that 'union is strength.'"

From this "Foreword," by Priestley Smith, we learn that the prime mover in this new development was Mr. W. H. H. Jessop, president of the Ophthalmological Society of the United Kingdom, who by his position, and "not less by his own personality," was especially fitted to initiate the scheme and carry it into operation.

The new journal has been assured of welcome and support in all parts of the British Empire, and the hope is expressed "That the hospitality of its pages will be gladly accepted from time to time by ophthalmic surgeons in Holland, Sweden and some other countries whose original work has hitherto been published elsewhere."

If we understand the psychology of the American writer of papers on ophthalmology, he, too, will be strongly disposed to accept the opportunity of addressing such a circle of readers as this journal will undoubtedly command; especially if nothing corresponding to it is brought into existence on this side of the Atlantic.

The original contents of the first number present the results of both laboratory investigation and practical experience. The abstract department is of course affected by the war, and in the present difficult situation it is interesting to see the extent to which American ophthalmology contributes to this European journal. Among the abstracts there are, American, 7; French, 5; German (of 1915), 2, and British, 1. The only book noticed is the American Encyclopedia and Dictionary of Ophthalmology.

It should be a satisfaction and inspiration to those who are actively interested in promoting the literature of ophthalmology in America to know that they have such a worthy rival, and one that can be depended upon to do justice to what is published in this country.

THE MERGER OF AMERICAN JOURNALS.

The movement to secure united support to establish in this country an ophthalmic journal worthy of the population, material wealth and scientific activity of the United States, is proceeding most satisfactorily. Wherever the idea has been broached it has met with favor. A typical incident is thus told of the last meeting of the Buffalo Ophthalmological Club, "where nineteen members of a membership of thirty-one voted unanimously to favor and support such a merger."

Other societies have taken similar action, and it is hoped that all will add to the influence of such action by sending information of it to Ophthalmic Literature, or publishing it through other channels. It can now be stated the ophthalmologists of the country will soon be given an opportunity to offer their material support to the undertaking.

ANALES DE OFTALMOLOGIA.

To have continued the publication of this journal in the City of Mexico through nearly four years of revolution, war, brigandage and social disorganization shows a persistence and devotion to ophthalmic science that may well be admired. Seventeen years ago M. Uribe y Troncoso started this monthly publication and with the help of his Latin-American colleagues, kept it up until last year. Finally its publication has been suspended, and its talented editor has removed to New York City. He will be heard from, and we may wish him many years of peaceful opportunity for the study, practice and advancement of ophthalmology in his adopted home.

BOOK NOTICES.

Ophthalmological Society of Egypt, Bulletin of 1915. 8vo, 100 pages, illustrated. Cairo: M. Roditi & Co.

This society was founded in 1902, and now has seventy-seven members. The majority of these are evidently Egyptians, although a number of names of Europeans who are well known for their work in ophthalmology in Egypt, such as MacCallan, Osborne, Jacovides, Fischer, Peretz and Sachs, appear in the list. It appears that forty-one of the members attended this meeting. The papers with their accompanying discussions are published chiefly in English, albeit the construction bears evidence of incomplete mastery of the language on the part of writers and speakers, and French and Arabic appear in its pages. The illustrations are from photographs of cases and sketches of microscopic appearances. The various communications, some of them of high scientific interest and value, are noticed in the appropriate sections of this month's Index of Ophthalmology.

MacCallan, A. F. Third Annual Report on the Ophthalmic Section of the Department of Public Health, Egypt. Quarto, 44 pages, illustrated by map, half-tone plates and charts. Cairo: Government Press.

The ophthalmic hospitals of Egypt, first opened in 1904, numbered sixteen ten years later. While some of them had to be converted into military hospitals after the outbreak of the war, their immense service still goes on in the others. In 1914 the number of new patients was 50,126; of visits, 686,012; in-patients, 2,071; and operations, 40,701. The bulk of the work is done by twenty-seven Egyptian surgeons who have completed the curriculum at the Government Medical School, and vol-

unteered for this service. Five of the hospitals are provided with fully equipped laboratories. For the study of conjunctival diseases and the operative correction of deformities of the lids caused by trachoma the opportunities afforded in these hospitals are unsurpassed in the world.

MacCallan, A. F., Director of Ophthalmic Hospitals in Egypt. **Trachoma and Its Complications in Egypt.** 8vo., 82 pages. Cambridge, England, University Press.

This book has grown out of its author's experience in the Ophthalmic Hospitals in Egypt, a country in certain parts of which over 90 per cent of the school children suffer from this disease. It begins with a history of our knowledge of trachoma, and account of its prevalence and mode of infection in Egypt, a clinical description of its stages, and the acute conjunctivitis complicating trachoma. The second part takes up the pathology of trachoma. The third part is devoted to the treatment of trachoma and its sequels and of complicating acute conjunctivitis. A fourth part includes differential diagnosis, prognosis, influence of trachoma on ophthalmic operations, prophylaxis and causes of blindness in Egypt, statistics and literature.

The story of trachoma is one of sordid ignorance and filth, unfavorable environment, great historical movements, human tragedy, and even romance. It is one of the great regions that stretch beyond the boundaries of present scientific knowledge, with a mighty appeal to human benevolence. This account of it, by one of the great leaders in the struggle with this disease, must be of the greatest interest to all who have to combat trachoma.

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Abstracts From Foreign Journals

Cavara, V. Lagrange's Sclerecto-iridectomy and Elliot's Trephining. (Annali di Ottalmologia, 44th year, p. 216.)

From a review of the literature and from his personal observations, the author draws the conclusions that the operative methods which undertake to create a filtrating cicatrix have furnished a real advance in the treatment of glaucoma. In spite of the fact that iridectomy gives excellent results in many cases, he regards it as undeniable that there are glaucomatous eyes which only fistulization is able to save. In many cases of glaucoma which have shown absolutely no benefit from iridectomy, subsequent employment of trephining or sclerectomy has led to the presistence of normal tension over a long period of observation. Although Elliot's operation has not yet been so widely studied, above all as regards its remote results, as Lagrange's, the present situation is that the former is preferable to the latter. Sclerocorneal trephining seems to give the same excellent results with exposure to lesser risks. The technique of trephining is undoubtedly easier than that of sclerectoiridectomy. Lagrange's operation is a delicate one, the extent and effect of which cannot always be exactly measured. With the trephine the size of the scleral opening is regulated by the diameter of the instrument. Lagrange's operation further gives rise to a greater number of operative and post-operative complications than Elliot's trephining; such complications as expulsion of the lens, severe iridocyclitis with atrophy of the bulb and expulsive hemorrhages are not rare in Lagrange's operation, but exceptional or unknown in Elliot's trephining. The latter has in common with the former the danger of incarceration of the iris in the scleral wound, but if with trephining a complete or peripheral iridectomy is done, the danger of prolapse of the iris can scarcely exist, and in any event is not so severe as in Lagrange's operation. According to Mel-

ler, a return of hypertony is frequent after Elliot's trephining, but this operation has the advantage that it may be repeated easily a number of times until satisfactory regulation of tension is obtained.

Is trephining to be preferred to iridectomy in every, or merely in certain cases? Cavara concludes that trephining is only to be resorted to when other operative measures have failed or are not to be depended upon. If the operator is able to produce a cure without creating a filtrating cicatrix, this latter plan should be left aside, especially because of the danger of late infection. Cavara quotes Axenfeld's remark that the cases with regulated tension but with the conjunctiva elevated in a transparent vesicle always cause him a certain preoccupation for the future. If by iridectomy one may obtain in a considerable number of cases a normalizing of the ocular tension, there is no reason why we should not resort to this operative procedure before carrying out Elliot's trephining, which itself is not always capable of producing a cure. Iridectomy is effective in four-fifths of the cases of acute inflammatory glaucoma, in a half of the cases of chronic inflammatory glaucoma, and in a third of the cases of simple chronic glaucoma. There is, therefore, no reason for abandoning iridectomy for trephining in acute inflammatory glaucoma, since in this condition trephining does not produce better results and does offer greater dangers. Even in the other forms of glaucoma it may be debated whether one ought to resort at once to sclerocorneal trephining. In these cases also iridectomy has a curative power, at least for a proportion of the cases, and when done early. One may, therefore, in these cases, as has been proposed by various operators, do first an antiglaucomatous iridectomy, subsequently watching the eye from the point of view of vision and especially of ocular tension, a procedure now rendered extremely easy with the aid of the Schiötz tonometer. As soon as it is discovered that the tension is again increasing, in spite of the iridectomy, Elliot's trephining may be done as a second procedure.

Cavara, V. Specific Therapy of Pneumococcic Infections of the Cornea With Ethylhydrocuprein. (Annali di Ottalmologia, 44th year, page 637.)

This is a very exhaustive clinical, bacteriological and experimental study of the subject. As regards the bactericidal action of the drug, it was found that after the pneumococcus the germ which was most affected by the action of optochin was the diplobacillus, and after this, in much less degree, the staphylococcus, the streptococcus, the pneumobacillus of Friedländer, and the bacterium coli. Against the pyocyaneus optochin showed no bactericidal power. The only streptococcus which showed by the action of the drug an affinity with the pneumococcus was the streptococcus mucosus.

By animal experiments it was found that the iris and the tissues which line the anterior chamber tolerate without any inconvenience fairly concentrated solutions of fresh optochin. Cavara confirms the statement of Schur that a 1 per cent solution of optochin produces a demonstrable but very slight and fugitive anesthesia of the cornea. He, however, confirms the observation of Peterka that much stronger doses have a decided anesthetic effect, thus explaining the relief from blepharospasm obtained by the use of optochin in eczematous keratitis. As regards the repair of superficial wounds of the cornea, involving the epithelium, optochin behaves as an indifferent substance. In the case of a deeper solution of continuity, the effect of optochin is indifferent or slightly keratoplastic. It may thus be used with impunity in the treatment of serpiginous ulcers of the cornea until they have been completely repaired. Prolonged instillations of optochin do not modify the ocular tension.

Fourteen clinical cases of simple serpiginous ulcer, eighteen cases of serpiginous ulcer with hypopyon, six of serpiginous ulcer with dac-

ryocystitis and seventeen of serpiginous ulcer with hypopyon and dacryocystitis are described and tabulated. In fifty-one of the fifty-five cases the pneumococcus was found alone or associated with non-pathogenic micro-organisms. Very little success was had in the treatment with optochin of corneal infections not due to the pneumococcus. But in pneumococcic ulcers the results obtained were constantly favorable. The accompanying manifestations, particularly iritis, were usually favorably influenced by this specific treatment. The corneal scar obtained after the use of optochin was usually thin, delicate, and bluish, and gave an irregular astigmatism of relatively slight degree. Comparison of the vision obtained in the cases treated by Cavara with optochin, with other series reported in the literature as treated by other methods, namely, thermotherapy and galvanocautery, show a much better average result in the optochin cases. The treatment with optochin was continued until the ulcer was entirely clean and the deep infiltrates had been absorbed. In cases of dacryocystitis complicating corneal ulcer the use of optochin for from two to nine days in a series of cases resulted in the disappearance of the pneumococcus from the regurgitated secretion of the lacrimal sac, although the other organisms persisted.

Kirkpatrick, H. Temporary Blindness From Spasm of the Retinal Arteries. (Annual Report, Government Ophthalmic Hospital, Madras, 1915.)

A boy, aged 16, came with a history that sight had suddenly and completely failed ten days previously. For six years he had been subject to fits which recurred about every four months. He had had slight malaria and dysentery during the previous five months, but had been well for two months. Beyond a slight anaemia (haemoglobin 90 per cent) there was nothing remarkable in the general condition. The doctor stated that when he examined him ophthalmoscopically (the day following the attack) that his normal red reflex had become completely white. His pupils were sluggish and there was nothing abnormal to be found by the ophthalmoscope beyond a few stringy vitreous opacities and a marked venous pulse at the nerve heads. He was put on nitrite of amyl inhalations, and in four days the vision of each eye had improved to 5/30, and on the 26th, twelve days after admission, to 5/15. His fields of vision were much contracted and he still had difficulty in finding his way about. He was given intramuscular injections of cyanide of mercury and strychnine, and in one month his vision was 5/5 in each eye with full field fundus normal, and in the left eye a small opacity in the lens surrounded by a few fine specks and stringy opacities in the vitreous.

MacCallan, A. F. Glaucoma in Egypt. (Third Annual Report of the Ophthalmic Section, Department of Public Health, Egypt.)

Among almost 12,000 blind eyes, in Egypt, 9.6 per cent. were found to have suffered from glaucoma. Among the patients seen in the Ophthalmic Hospitals, 2.3 per cent are said to suffer from glaucoma simplex; the small cornea of the Egyptians being supposed to predispose the eye to glaucoma. In the treatment, sclero-corneal trephining, with iridectomy through the trephine hole, has almost entirely superseded the classical iridectomy operation. Only one case of late infection had been observed after 911 trephine operations; and in this case infection seemed to have followed a blow on the eye with a stick.

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